

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes No
 If yes, please explain the circumstances:

Are you under the age of 18 Yes No (If yes, state date of birth _____)

Are you legally eligible to work in the United States in the position for which you are applying? Yes No (Proof of citizenship or work eligibility will be required as a condition of employment)

Have you ever been convicted as an adult of a felony, gross misdemeanor, or misdemeanor other than minor traffic violations? Yes No (If yes, attach information) *NOTE: Conviction is not necessarily a bar to employment. Each case is considered individually based upon job requirements.*

Education Information

Circle the highest grade completed:

1 2 3 4 5 6 7 8
grade school

9 10 11 12/GED
high school

13 14 15 16
college/technical

MA MS PHD JD
graduate

NAME/ADDRESS OF SCHOOL	DEGREE EARNED/COURSE OF STUDY
High School:	
College:	
Graduate School:	
Technical/Vocational:	
Other:	

Note: If the position you are applying for requires a college degree or other academic credential, the City may require a certified transcript from the educational institution that granted you that credential.

Are you currently a licensed peace officer in the State of Minnesota? Yes No If yes, License Number: _____

If you are **not** currently licensed as a peace officer in the State of Minnesota, please answer the following questions:

- a. Have you received certification for the law enforcement skills required to become a license peace officer in the State of Minnesota? Yes No
- b. Please list any other information that would indicate that you are eligible to be licensed as a peace officer in the State of Minnesota. _____

Describe your education in the law enforcement profession beyond the Associate of Arts Degree in law enforcement.

List your **sworn** law enforcement experience.

List **non-sworn** paid law enforcement experience. (e.g. Community service, animal control, crime prevention, etc.)

Employment Experience

List present or most recent employer first.

Employer Name: _____ Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates of Employment: From _____ To _____ Number of Years _____

Job Title: _____ Final Salary _____

Describe your job duties and responsibilities: _____

Why did you leave? _____

May we contact your present employer? ___ yes ___ no _____

Next most recent employer:

Employer Name: _____ Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates of Employment: From _____ To _____ Number of Years _____

Job Title: _____ Final Salary _____

Describe your job duties and responsibilities: _____

Why did you leave? _____

May we contact your present employer? ___ yes ___ no _____

Next most recent employer:

Employer Name: _____ Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates of Employment: From _____ To _____ Number of Years _____

Job Title: _____ Final Salary _____

Describe your job duties and responsibilities: _____

Why did you leave? _____

May we contact your present employer? ___ yes ___ no _____

Training

List any other courses, seminars, workshops, or training you have which may provide you with skills related to the position applied for: _____

List all **volunteer** law enforcement experience. Include the employer, job title and dates employed.

Describe special instructor certification that you have earned that relates to the law enforcement profession. Be specific: (e.g. Firearms Instructor, Use of Force Instructor, DARE and/or GREAT Instructor, Intoxilyzer Operator, etc.)

Statement of Interest: Give a brief statement of why you are interested in and feel qualified for the position.

Please list any licenses, registrations, or certifications relevant to the position for which you are applying:

License/Registration/Certificate	Issued by	No.	Expiration
----------------------------------	-----------	-----	------------

If the position you are applying for involves driving:

VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE ISSUED	LICENSE NO.	CLASS	EXPIRATION
HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.				

Military Experience

Did you serve in the U.S. Armed Forces or are you serving in the U.S. Armed Forces? Yes No

Describe your duties: _____

Do you wish to apply for Veteran's Preference Points? Yes No

If you answered "yes to the above question, you must complete the enclosed application for Veteran's Preference Points, and submit the application and required documentation to the City of Belle Plaine within seven days of the application deadline for the position for which you are applying.

REVIEW YOUR ANSWERS BEFORE SIGNING BELOW

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from City service. I also authorize the City of Belle Plaine Human Resources Department or its Designee, to make all necessary and appropriate investigations to verify the information concerning my employment that is allowable by law. I acknowledge that none of the statements made in the application are intended to be, or should be construed as a contract between the City and myself. I authorize my current employer, if so indicated, to provide my record, reason for leaving and all other information they may have concerning me and I release all parties from any and all liability and claims for damage whatsoever that result therefrom.

It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

I acknowledge that I have received a copy of the job description and/or summary for the position(s) for which I am applying. I further acknowledge my understanding that employment with the City of Belle Plaine is "at will" and that employment may be terminated by either the City of Belle Plaine or myself at any time, with or without notice.

Date: _____ Signature: _____

If submitting application **electronically, please type your name in the Signature space above, and check this box in lieu of your signature:

Application for Veteran's Preference Points

Eligibility: Preference points are awarded to qualified Veteran's and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. Be separated under honorable conditions from any branch of the United States armed forces after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify;

and

2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service. The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

Instructions: You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, and the Veteran's DD214 and FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do not submit the documents.

All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

Veteran's Preference Application

Veteran: self spouse If spouse, Veteran's Name: _____

Branch of Service: _____ Dates of active duty: from _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

Date of final Discharge: _____ Service Number: _____

Are you receiving or eligible for a military pension? yes no

Do you have a comprehensive service-related disability? yes no

Preference type requested:

veteran disabled veteran spouse of veteran spouse of disabled veteran

Supporting documentation: attached will submit within seven days of application deadline.

**CITY OF BELLE PLAINE
INFORMED CONSENT/RELEASE OF INFORMATION**

I hereby authorize The Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City Administrator of the City of Belle Plaine, or designee to inspect and gather information retained by local, county, state, and federal agencies.

The following named individual has made application with the City of Belle Plaine for the position of

_____.

(Name: First, Middle, Last)

(Maiden, Alias or Former Name)

(Date of Birth)

(Sex)

(Social Security Number - Optional)

(Driver's License Number)

I realize that I am not legally required to sign this form, however, if I choose not to, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines that my conviction record is a job related consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute, Chapter 364. I understand that information disclosed to the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute, Chapter 13.

I authorize references and current and/or former employers, if so noted on application, to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to any questions asked of them.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

(Signature of Applicant)

(Date)

Parent/Guardian must sign if applicant is under the age of 18 years of age.

(Signature of Parent/Guardian)

(Date)

STATE OF MINNESOTA

COUNTY OF _____

This instrument was acknowledged before me on _____ day of _____, 20____ by

_____.

****Notary Public

****Notary Stamp

My Commission Expires: _____

****Must be Notarized and signed by Notary in order for a criminal history to be completed.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, The City of Belle Plaine is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Belle Plaine. All data collected is considered private except for the following:

1. Your Veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information, however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Belle Plaine. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Belle Plaine in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Belle Plaine to monitor protected class employment and to meet federal state and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Act.

Applicant's Printed Name

Applicant's Signature

Date

Please return all completed applications to: City of Belle Plaine, 218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011.

If submitting application **electronically, please type your name in the Signature space above, and check this box in lieu of your signature .

**City of Belle Plaine
Affirmative Action Applicant's Information**

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will **not** be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position applying for: _____ Department: _____

What sex are you? Male Female Other _____

Of the following, of what racial/ethnic group do you consider yourself?

- American Indian/Alaskan Native
- African American
- Asian and Pacific Islander
- Spanish or Mexican American
- Caucasian
- Other _____

Do you have a disability? Yes No

How did you learn about this job opening?

- Local (City) Paper
- Minority or Female Publication/Organization
- School
- City Employee
- State Job Service
- Walk-In
- Posting in City Hall
- Other _____